



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

JANET E. WALDRON
COMMISSIONER OF
ADMINISTRATIVE & FINANCIAL
SERVICES

ANGUS S. KING, JR.
GOVERNOR

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STATE TAX ASSESSOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE FOR AN
INCORPORATED NONPROFIT ORGANIZATION PROVIDING CERTAIN
SERVICES FOR HEARING-IMPAIRED PERSONS**

Name of Corporation _____
Name of Organization _____
Physical Location _____
Mailing Address _____

The statute reads, "Organizations providing certain services for hearing-impaired persons. Sales to incorporated nonprofit organizations whose primary purposes are to promote public understanding of hearing impairment and to assist hearing-impaired persons through the dissemination of information about hearing impairment to the general public and referral to and coordination of community resources available to hearing impaired persons. PL 1989, c. 533, §8 (new); c. 871, §14 (amd).

Is the organization incorporated? Yes ____ No ____

Send a copy of the articles of incorporation

Has the organization received 501(c) nonprofit status from the IRS? Yes ____ No ____

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that _____ is an incorporated nonprofit organization providing services for hearing-impaired persons. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (70).

Date: _____

Signature: _____

Tel: _____

Title: _____

Fed ID: _____

Date Facility Opened: _____

ST-R-30